Applicant & Family Member Information

Applica	nt								
First		Middle	Last	Suffix	Nickname	e Birth	nday Gend	er SS	N Alt ID
Race		on Indian / Alert	Notice	Hispanic	English Profic	ciency	Other Language		Other Language Proficiency
□ Asian □ Black		an Indian/Alaska an/Pacific Island		□ Yes □ No	□ Little □ Moderate				□ Little □ Moderate
U White	□ Multi-R								
□ Other: _			_		□ Proficient				□ Proficient
Primary F	Health Cove	erage Other	Coverage	Insurance #	Medicai	d Eligibility	Medica	aid #	Doctor/Medical Home
					□ Not E				
Dent	al Coverage	2	Dental Cove	rage #	Poter	itialiy	Dentist/De	ntal Home	
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First		Middle	Last	Suffix	Nicknam	е вілл	nday Gend	er SS	N Alt ID
Race				Hispanic	English Profic	ciencv	Other Language		Other Language Proficiency
□ Asian	□ Americ	can Indian/Alask	a Native	□ Yes	□ Little	,,			
Black		ian/Pacific Island	ler	□ No	□ Moderate				□ Moderate
□ White	□ Multi-F	Racial			□ None				
Other:	rode O	atad			Proficient		lational:	Current	Proficient Chack all that apply
-	rade Comp			Employment Statu		Child's Re		Custody	
□ Associa □ Bachelo		□ Grade 10 □ Grade 11	□ Full Tim □ Part Tim		e & Training e & Training	□ Biologic □ Grandch	al/Adopted/Step	□ Yes □ No	 Lives with Family Provides Financial Support
		Grade 12				□ Other R			□ Teen Parent
Col or A		□ < Grade 9	□Unemplo	0		□ Foster			
🗆 GED		□ HS Graduat	e			□ Other			If teen parent, subsidized?
		□ Master's							
Email Add	dress:								
		ther Adult							
Second First		ther Adult Middle	Last	Suffix	Nicknam	e Birth	nday Gend	er SS	N Alt ID
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First			Last					er SS	
				Suffix Hispanic □ Yes	Nicknam English Profic		nday Gend Other Language	er SSI	N Alt ID Other Language Proficiency
First Race □ Asian □ Black	□ Americ □ Hawai	Middle can Indian/Alask ian/Pacific Island	a Native	Hispanic	English Profic			er SSI	Other Language Proficiency
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* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

This Section for Agency Use Only:

Family Information, Income & Contacts

Applicant Name: _____ Birthday _____

Family Information												
Family Living Address												
Started Living At Date Living Address		Address Li		ess Line 2	ZIP	City	City		State	State County		
Family Mailing Addre	SS											
Same as living? Star	rted Using Date	Mailing	Address			Address Line	2 ZIP		City			State
□Yes □ No												
Phone Number(s)		Type (c	heck one)			Note (exten	sion or best	time to call)		Opt In fo	or Text Messa	ages
		□ Cell	□ Home	□ Work	□ Other					□ Yes	□ No	
		□ Cell	□ Home	□ Work	□ Other					□ Yes	□ No	
		□ Cell	□ Home	□ Work	□ Other					□ Yes	□ No	
Parental Status (check one)	Primary Lan at Hom	0 0	Home Farr		Active Duty Military		ed by Child re Agency	Receivi SNAF	0	WIC	WIC (if appl	
□ One □ Two			□ Y □ 1		□ Yes □ No] Yes] No	□ Yes □ No	-	□ Yes □ No		

Family Incom									
Income Verified by			Verif	ication Date		TANF Status	SSI		
						□ Yes □ Forme	□ No erly on TANF/Not now	□ Yes □ No	
Family Member			Annu	al Amount	Description (for e SSI, Job, Child S		Verification (for exampl W2, check stub)	le:	Note
	\$		\$						
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Income Notes									

Em	ergency Contacts	;						
	Name		Relationship		Emergency	Contact	Release To	
н Н					□ Yes	□ No	□ Yes	□ No
	Address		Z	IP	City			State
Contact								
ů	Phone Number 1		Phone Number 2		Phone Num	iber 3		
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		□ Cell □ Home □ Work		□ Cell □ Home □ Work			□ Cell □ Ho	me 🛛 Work

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.